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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE ABORTIVE TREATMENT OF WHOOPING COUGH BY SULPHATE OF QUINIA.

BY RUFUS K. HINTON, M. D.,

Of Philadelphia.

After so many specifics have been published in medical journals, and all of them failed, it is rather presumptuous in me to offer one to the profession, through your journal. After reading a communication from Mr. John Reynolds to the *Lancet*, published in the Medical and Surgical Reporter of May the 20th, on the "Specific Treatment of Whooping Cough by Quinine," I do not hesitate to give the treatment of ten cases treated since November last, and aborted with quinine.

Case 1.—I was called to see John W., the 10th of November last, with whooping cough, complicated with pneumonia; found the patient suffering with great prostration, difficult breathing, pulse 120 and feeble; temperature under the tongue 103; harassed with a hacking cough, with a whooping coming on every hour, which lasted for some time and completely prostrated the patient. To sustain the patient's strength, I placed him on small doses of brandy every half hour, with milk punch made with sherry wine, and beef tea; and, for its antipyretic effect, ordered quinine, in three-grain doses, every three hours, with turpentine stupes to top of right lung, and hot poultices made of wheat bran over both lungs. 11th. On visiting the patient next morning found a decided improvement; the skin moist; temperature 100; pulse 100, with a strong, full beat, the whoop coming on every three or four hours. Continued treatment, leaving off the turpentine stupes. 12th, the patient much improved; temperature 99; pulse 90; the whooping, coming on every four or five hours, was of short duration. The same treatment continued. 13th. The boy says he is so much better he would like to sit up in bed; whooped three times since my visit yesterday; temperature 98½; pulse 85. Treatment continued. 14th. Whooped only one time since yesterday; temperature 98¼; pulse 80. The patient continued to improve, the whoop disappeared on the fifth day, and by the tenth day he was out of bed. Attributing the cessation of the whoop to the quinine, I resolved to try its effect in aborting whooping cough.

Cases 2 and 3 occurred in my own family, in December last, and as the patients were both going to school, and their examination was coming off the 1st of January, and any loss of time would prevent their promotion, I placed them on quinine, in five-grain doses, in the morning, before going to school, five grains at three o'clock in the afternoon, when returning from school, five grains at bedtime, given in wafers. Both cases were slight, without complications; the whoop disappeared in one on the third day, in the other on the second day; both went to school without losing a day.

Case 4.—Joseph R., boy, four years old. Called to see this patient the 5th of January. Complicated with a slight bronchitis, hacking cough, whoop coming on every three hours. Ordered quinine, in two-grain doses, every three hours, in wafers, with a mixture containing

muriate of ammonia, syrup tolu, and an anodyne, to quiet bronchial cough, with hot poultices to chest. On the fourth day the whoop was entirely gone, leaving a slight bronchial cough, which was well by the sixth day.

Cases 5 and 6.—Annie W., girl, ten years old; Robert W., boy, eight years old. Was called to see both cases on the 20th of February last; both light cases, with no complications. Ordered quinine, in two-grain doses, every three hours. In the girl the whoop was aborted in twenty-four hours, in the boy in thirty hours.

Case 7.—Patrick O., teamster, twenty-four years old, called at my office last February; stated he thought he had whooping cough, and while in the office a paroxysm of coughing came on, with a distinct whoop, which confirmed the diagnosis as to the disease. Ordered quinine, three-grain doses, to be made in pills, every four hours. Told him to call at my office on the third day; he called on the morning of the fourth day, reporting himself cured, as he had not whooped since he had taken the seventh pill; did not stop his work.

Case 8.—Maggie F., girl, eighteen months. Was called to see her the 6th of January last; mild attack. She was ordered quinine, in one-grain doses, every three hours; in thirty-six hours after taking the first dose the whoop ceased.

Cases 9 and 10.—On the 10th of March last I was called to see Katie and Pauline S., girls, one five years old and the other seven. I placed both patients on the old remedies—alum, belladonna, bromide ammonium, nitric acid. The disease ran for four weeks without any abatement of the cough. Believing that the disease would run for some time, with the whoop, which had already confined the patients to the house, I ordered for both quiniæ sulph., in two-grain doses, every three hours. In one case the whoop was aborted on the second day; in the other case the whoop was cut short in three days.

To avoid the nauseous, bitter taste of the quinine, which is so repugnant to all patients, especially children, that it is exceedingly difficult to get them to take the medicine, and when taken they almost invariably eject it from the stomach, I order the powders of quinine put up in cachets, or wafers, and by dipping the wafer in water, so as to soften it, and placing the moistened wafer in a spoon filled with water, and placing the spoon with the wafer on the back part of the tongue, the smallest child can swallow the wafer, and retain the quinine without vomiting.

OVARIAN CYST COMPLICATING DELIVERY.

BY F. SHIMONEK, M. D.

Of Beaver Dam, Wisconsin.

I desire to report the following somewhat rare and interesting case:—

I was called lately to attend a woman in her first confinement; eighteen years of age; had been married ten months; always apparently in good health. Labor pains began at full term, about twenty-four hours before I was called. I soon arrived, and found the head in the pelvic excavation, where, the midwife told me, it had been arrested, remaining in that situation for some hours. The expelling force having ceased, and convulsions having supervened, I put her under the influence of chloroform, and delivered her with forceps, of a living and well-developed male child. The placenta was extracted immediately. After anæsthesia had passed off the convulsions returned twice more; then, by introducing my hand per vaginam, I removed some solid clots from the os uteri, when the convulsions ceased.

The uterine contractions were short and spasamodic, not sufficiently severe to expel its contents. After the delivery the organ contracted well; there was hardly any hemorrhage; a usual amount of liquor amnii. I was amazed at the size of the abdomen, it remaining as large as it was before confinement; fluctuation perceptible over the whole abdomen, and also flat on percussion.

I did not know, for some time, what conclusion to come to. There were no symptoms of intra-uterine hemorrhage. The case remained extremely obscure to me before I obtained anything like her previous history, which was very unsatisfactory as indicating a diseased condition of any kind. The function of menstruation was developed at the age of fourteen; it appeared once in three weeks, being very copious for six days; there was no dysmenorrhœa or metrorrhagia. Her general health was good, and everything else appeared well to patient and relatives, except an enlargement of her abdomen. I could not ascertain how long ago this was noticed. Two years ago, while menstruating, being in a perspiration, she threw some

cold water on her feet and face, which arrested the discharge and threw her into a delirious condition, lasting about a week. She then improved gradually. On account of the ignorance of the parents it was impossible to discover what the disease was. One month after marriage, before conception took place, her abdomen enlarged considerably, but she felt well, and no symptoms were produced by the mechanical interference, nor was there anything indicating a marked functional derangement.

Grouping all these symptoms, as the enlarged abdomen, flatness on percussion, distinct fluctuation, no tympanitic resonance by the floating of the small intestines, which would have been the case had it been ascites, there should have been a marked impairment of health. Slight tympanitic resonance was obtained over the left colon, when the patient was on her back. I concluded it to be an ovarian cyst.

Twenty-seven hours after confinement she had a severe chill, lasting about half an hour, followed by an elevation of temperature, 104½° Fahr.; pulse 120 per minute, and pains in the back and abdomen. She passed into a sinking condition, as indicated by the pulse and the expression of the countenance, and soon death closed the scene.

Three hours after death I performed autopsy. After completing the incision through the abdominal walls the cyst came into view, arising from the right ovary and side of the uterus. The walls were extremely thin and fragile, and while supporting it with my hands, so that it could not slip out of the abdominal cavity, my fingers penetrated it. A large amount of bloody serum was discharged, measuring about fifteen quarts. Internally were three cysts, each of about the size of an orange, containing albuminous substance, and others, a dozen or more in number, appearing like blisters. There was considerable solid matter at the bottom of the sac, which appeared, when incised, like phthisical lungs. The uterus and the left ovary were healthy. Some evidences were seen of rectal peritonitis.

Professor Gross says, on page 935, vol. II:—"When ovarian disease co-exists with pregnancy, the woman may go to the full term and be safely delivered, provided the tumor is not very bulky or the cyst unusually thin. When this is the case, there is, Mr. T. Spencer Wells has conclusively shown, great danger of abortion, or, if the full term be reached, of a painful and protracted labor with a dead child; or, what is still worse, the cyst may burst and the mother perish from the shock, hemorrhage or peritonitis."

This case is, therefore, interesting, from the fact of the woman reaching full term with a very bulky and unusually thin cyst, and being delivered of a living and well-developed male child, the convulsions still more endangering the rupture of the cyst; and somewhat rare, from its occurring in a very young woman without developing any marked symptoms.

MANAGEMENT OF A CASE OF ECLAMPSIA.

BY P. H. THOMPSON, M. D.,

Of Dixon, Miss.

There are some points which render the following history of a case of eclampsia of interest:—

April 4th, I was summoned to see Mrs. Glenn, in haste. On arrival, after a ride of six miles, I found her in convulsions of a very severe character. She was eighteen years of age, of a very robust, muscular type, short, thick and fat, and was then struggling in the sixteenth convulsion. The attacks were the most severe it has ever been my lot to witness.

They came on about every ten minutes. Between them her condition was very little better than during their presence. Since her fifth "fit," as they called it, she had not recognized any one or anything, and I found it utterly impossible for her to take medicine, as she could not be induced to swallow, or show any willingness to do so. She was a primipara of seven months' gestation. The skin was hot and dry, pulse about 140. Her tongue was so badly bitten and swollen that I could not tell much about its appearances. I attempted to perform venesection, but on account of restlessness, and the quick recurrence of the convulsions, I found it impracticable until I had partially anæsthetized her with chloroform, after which I drew about eight ounces of blood. I would have taken more, but feared that labor was about to commence, and I did not know the possible extent of hemorrhage that might follow.

Not having my hypodermic syringe with me, I decided to thoroughly imbue her system with sedatives and antispasmodics, by enema. I ordered about forty grains bromide potassium, and two fluid drachms fld. ext. valerian, with tannic acid q. s. to retain in recto

Up to this time the convulsions had continued with unabated fury, after which there seemed to be some amelioration in their severity. Prescription to be continued every hour, with the addition of ext. belladonna alc. ⅔ grain, until convulsions should cease. From this time they seemed lighter and less frequent. Leaving my patient in order to see some others, I returned in about five hours. On arriving, I found that the convulsions had ceased, and the nurse had discontinued the medicine. I remained with her, to watch if labor should commence. I had previously made an examination, and found that there was no dilatation of the os, or other indication of its approach. The patient remained comatose, the respiration labored. I now retired to sleep. In about one hour and a half I was called, to find my patient nearly delivered of a dead female child. From the signs of putrefaction, the child had been dead prior to the onset of convulsions. The attendants told me that they had seen no signs of labor whatever; not a sound escaped her while she lay in a profound stupor. Very little if any hemorrhage followed the placental delivery. The pulse was so quick that I could scarcely count it, but it was about 170. I succeeded in getting her to swallow a dose of tinct. digitalis, after which the pulse assumed a more normal frequency. I continued the administration of belladonna and bromide of potassium, keeping the pupils well dilated with belladonna.

She continued to improve, and in about twenty-four hours from the commencement of convulsions she was induced to take some sweet milk, after which she made steady improvement until entire recovery.

The principal object in reporting this case is not so much to call attention to the remedies used, but to the manner of using them. Much good may often be obtained from administration of medicines by the rectum, especially where it is impracticable to exhibit them *per os*.

EXPERIENCE IN DIPHTHERIA.

BY WILLIAM C. TODD, M. D.,

Of Manayunk, Pa.

Our neighborhood has suffered for over a year from an epidemic of diphtheria, so fatal in its character that a large number of children perished from the disease or its effects. Having treated quite a number of cases, with what I believe to be more than usual success, I thought it might interest some of your readers to indicate the method pursued.

As the disease presents the characteristics of specific blood-poisoning, rapidly exhausting the strength, and tending to a speedy fatal termination, I invariably placed my patients on a tonic, stimulating and supporting treatment. This was accomplished by giving quinia and tincture of iron in large and frequently repeated doses, with plenty of beef essence and milk punch, given freely. This treatment was continued day and night until the throat was entirely free from the diphtheritic membrane, after which the medicine was gradually diminished, but not entirely suspended until convalescence was established. As a gargle for the throat and nasal passages, I made free use of a saturated solution of potassium chlorate, and in children unable to use a gargle it was used freely with a syringe, and as often as the exigency of the case required.

The solution of the chlorate fulfills a treble purpose, as it is a good detergent, a disinfectant, and the portion unavoidably swallowed acts beneficially as a medicine. No caustics nor acids were allowed to be used in the throat, no purgative medicines under any circumstances. If necessary to have a motion of the bowels, a simple enema was used. Cases treated in this way, if seen in time, and the treatment carried out, as a rule recovered; but if neglected, the disease extended to the air passages, and death generally followed. In a few cases a measly eruption appeared about the sixth or seventh day of the disease, after the disappearance of the diphtheritic membrane from the throat, and quickly proved fatal, apparently from blood-poisoning. This symptom I have not seen mentioned in the books.

During the year, in the treatment of ten hundred and forty-seven cases, I gave certificates of death in twenty-one: of these eight were dying when first seen; two totally refused medicine or treatment of any kind, and their parents would not insist on any effort being made to save them; seven died by the extension of the disease to the air passages; and four from extreme prostration or blood-poisoning, after the disease of the throat had disappeared. Excluding those cases that were not under any kind of treatment, would leave eleven deaths in ten hundred and forty-seven cases, or little more than one per cent. No deaths occurred in adult cases.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Management of Albuminuria.

In an article in the London *Medical Times and Gazette*, Dr. W. H. Dickinson, of London, writes:—

To give rest, as far as may be, to an inflamed structure, is an old and sound maxim; and it is not less obvious, in regard to the system at large, that if a great channel of exit be obstructed, the materials which therefore tend to accumulate should be sparingly introduced The diet with albuminuria, save with that of lardaceous origin, in which the secreting power is until late little interfered with, while an exhausting discharge may have to be obviated, should be below the custom of health in its nitrogenous components. It may abound in milk and farinaceous matter, while fish may often take the place of flesh. The increase of albumen in the urine, upon a too early resort to a meat diet, is a common experience. With regard to liquids, it cannot be too strongly insisted upon that the functional strain upon the kidney is not to be measured by the quantity of water which filters through it, but by the quantity of refuse, mainly nitrogenous, which it has to convert and eliminate. Water, which probably transudes almost as through dead membranes, probably makes little demand upon the real secretive function. The worst kidneys, indeed those most hopelessly incapable of their special work, will often discharge most of it; and it is easy to see that its passage, not to be regarded as the result of glandular effort, is salutary, both in the dilution of scanty and irritating urine, and also in washing out the solid products which, under the inflammatory process, collect mischievously in the tubes. A further use is to be discerned in this law. The solids of the urine vary with its water. With given kidneys, the solid excreta wax and wane with the bulk of the urine. Any means, therefore—mere aqueous filtration as safely as any—which increase this will also magnify the components of the secretions which are essential to life. With tubal nephritis, therefore, and scanty urine, an aqueous dietary, even with the addition of distilled water, or the element in some slightly sophisticated shape, will prove in every sense beneficial. In many, perhaps in most, cases of nephritis of tubal origin these remedies of patriarchal simplicity, "spare diet and spring water clear," are all that are needed to guide the disorder to its natural cure. To this surest and safest of diuretics others must often be added, both to lessen dropsy and to avert the dangers of uræmia. The old rule is that, in recent cases, digitalis should be used; it seldom fails to increase the flow of urine, but I am not sure that it does not sometimes do so with some exasperation of the inflammatory action. The bitartrate and acetate of potash, which have a purgative as well as a diuretic action, may probably be safely resorted to; and in chronic cases as much as may be done harmlessly by diuretics may be accomplished by means of scoparium, nitre, and juniper. Cantharides and the more irritating agents of this class are generally distinctly injurious. Perhaps, next to a regulation of the diet, it is most important to secure a daily and somewhat loose action of the bowels. Purgatives lessen the vascular tension, which, in both acute and chronic cases, is a measure of their danger; and while it is not advisable too largely to divert the urinary fluids by severe catharsis, increased hardness of the pulse, and other more obvious aggravations of the general state, seldom fail to ensue upon constipation. When cerebral uræmia is threatening, hard purging by elaterium or otherwise is essential. As a habitual laxative, a drug less used than it deserves to be—sulphate of potash—given two or three times a day in doses of from ten to twenty grains, is sometimes invaluable. It may be aided, if necessary, by Epsom salts or cream of tartar.

The Forms of Phthisis.

In the *Medical Press and Circular*, Dr. A. B. Shepherd, Physician to the Victoria Park Hospital for Chest Diseases, writes:—

All forms of phthisis may, I think, be classed according as to (1) whether dead or dying tissue elements are found choking up the alveoli and bronchi, and leading to further destruction of the respiratory organ; (2) whether changes occur in the walls of vesicles and bronchi, robbing that organ of its function in a different way; or (3) whether the interstitial tissue undergoes metamorphosis, interfering in yet another fashion with that same necessary function—on the imperfect and abnormal performance of that function depending all the symptoms of innutrition and fever which go to make up pulmonary consumption. To the first group belongs that form of the disease to which Buhl has given, I think correctly, the name of "desquamative pneumonic phthisis;" to the second is due that form next common in frequency, caused by long-standing bronchitis and emphysema; and to the third, those fibroid changes resulting in the same true symptoms of consumption, differing somewhat clinically and pathologically, as they are caused by alcoholism, syphilis, or anthracosis. All these forms of consumption fall under the definition of Morton: all owe their origin to primary disease

of the lungs; all are accompanied by symptoms due to that lung disease; all alike bring in their train that general wasting of the bodily structure and strength which is included in the very term "phthisis"—"consumption." Upon the first and second forms, if not upon the third, a further process, resembling that of "acute tuberculosis," may and does frequently supervene, constituting Waldenburg's "phthisis combinata;" but the series of symptoms in these cases is in strong contrast to those alluded to in my first lecture. I need scarcely state, after what I have already put forward, that my own work, clinical and pathological, leads me to support the proposition of Addison. "that inflammation constitutes the great instrument of destruction in every form of phthisis."

On Defective Uterine Involution.

Dr. Tilt remarks, in a recent article in the *Lancet*:—

It appears that defective involution, to become apparent, requires to be associated with some other pathological condition; that by itself it is seldom a disease, but much more frequently the enlargement of the area in which a disease may originate, be it congestion, inflammation, ulceration. a polypoid or other growth. Moreover, defective involution not only magnifies the area of uterine disease—it makes it last longer and promotes relapses. The larger the womb, the greater its blood supply, the more eccentric will be its blood fluctuations, and the more difficult it will be to cure disease grafted on such a womb. Uterine involution being checked, there is a more or less extensive bag, with walls in a transitional state. The growth of the new muscular fibre may not proceed *pari passu* with the decay of the old; while the cervix has nearly recovered its right size and consistency, fatty degeneration may proceed too fast in the median region of the womb. This softness and pliability of the uterine walls clearly explain the frequent rise of post-partum uterine flexions; whereas in the nulliparous womb the cavity is linear, the walls singularly firm and thick (it is extremely rare to find them softened), so there is no pliability of walls to account for flexions of the virgin womb. Dr. G. Hewitt has lately stated that in young women of a delicate constitution there is not unfrequently a considerable softening of the virgin womb, the result of the general want of tone; but until a statement so contrary to my own experience is confirmed by other observers and by the teaching of the dead-house, I shall be disposed to fear that Dr. G. Hewitt's finger has been unconsciously biased by the desire to find so satisfactory an explanation of uterine malformations of the virgin womb.

Diagnosis.—I have already said that a soft flabby mass extending from the pubes to the umbilicus is a form of defective involution to be only observed in the earlier part of puerperality; that, generally speaking, after the third week the enlarged womb is to be felt well gathered up above the pubes. A vaginal examination gives the impression of the womb being larger than it ought to be, and its size may be more accurately estimated by a rectal examination. A still more correct measurement may be taken by means of a wax bougie, for, as in a womb of the right size, it should be brought up at a depth of two inches and a half. If, after parturition, the bougie measures from three and a half to five inches, the excess of length must be attributed to an enlargement of the body of the womb, unless it can be explained by unnatural elongation of the cervix. From what I see and learn, I believe the uterine sound is often used to the detriment of the patient, and I will remind junior practitioners that during the two months of normal uterine involution, and for longer when it is defective, the walls of the womb are of a yellower color, of a more fragile texture, and are, therefore, more liable to be perforated. A wax bougie No. 4 takes the measure well, and can do no harm.

Vomiting as a Symptom of Ovarian Disease.

In a recent lecture, Dr. Habershon, of Guy's Hospital, London, says:—

The vomiting which is produced by uterine disease and by pregnancy is too well known to need even mention; but that which is a symptom of early ovarian disease is often overlooked. There may be no pain in the region of the ovary, no enlargement there, and the gastric symptoms may be so decided as to mislead experienced practitioners. Very similar are those cases of gastric trouble in young married people, where conception has not taken place, but where there is reflex action and sympathetic disturbance from ovarian and uterine irritation of the pneumogastric nerve. These instances are often misunderstood, because menstruation continues regularly, and, it may be, without pain. The gastric branches in this way become exceedingly irritable, and vomiting is a troublesome and harassing symptom: sometimes it is almost constant, at other times only on slight nervous excitement or over-fatigue; the excitement of going into company, or of mixing in society, may be quite sufficient to bring on severe vomiting. Of the same kind is the troublesome vomiting present in young people with scanty or disordered menstruation and chlorosis. The food is rejected at once, almost as soon as it reaches the stomach, but without much distress; there may be scarcely any pain, and some of these patients appear to be plump and well nourished. This condition has been aptly called the "hysterical stomach," and certainly the condition is one of functional irritability. Some food is retained, for the body is not wasted; the bowels are generally confined;

the pulse irritable; the abdomen often fairly distended. With this state, there are other indications of nervous excitement. The determination of the patient may do an immense deal to restrain this condition, and in a young hospital patient the cure was effected by the nurse refusing to bring anything into which she could vomit. The occupation of the mind, fresh air, chalybeate tonics, free action on the bowels by aloetic and assafœtida purgatives, often relieve this state. The steel may be given with advantage in a state of effervescence; in other instances, however, it is necessary to allow the stomach to rest entirely, and to feed the patient by nutrient injections. If the uterine and ovarian functions be disordered, these must, if possible, be rectified; and in the instances of married women, to which we have referred, it is often of great value to lessen pelvic irritation by opiate suppositories. It is of little use to treat one symptom while the cause of disturbance remains.

Salicylic Acid Ointments.

In the *Medical Press and Circular*, Dr. J. C. O. Will says on this subject:—

Various forms of ointment may be compounded, as salicylic acid, unlike boracic acid, can be readily incorporated with fatty substances; but it would answer no useful purpose to repeat at length what has already appeared in a medical periodical regarding the different unctuous preparations of salicylic acid, so I shall simply give the formulæ for two ointments which I have found of much service. The following is perhaps the most generally applicable of any:—

℞.	Salicylic acid,	℥ss–℥j
	White wax,	℥j
	Paraffin,	℥ij
	Almond oil,	℥ij.

Melt and rub up in a heated mortar.

This ointment, which is merely a modification of Professor Lister's boracic ointment, should be spread on strips of muslin or fine linen, and is a thoroughly trustworthy antiseptic application. The other ointment is a simple admixture of the acid and simple ointment. Wagner states that in making it it is advisable to use alcohol as a solvent, as the direct mixture of the acid and lard does not give the same good results; but as I have long been in the habit of using it in its more simple form, and have obtained most excellent results, I have not thought it necessary to change my original formula. The proportion of the acid varies with the use to which the ointment is to be put; in the cases in which I have chiefly prescribed it—viz., circumscribed eczematous affections of the head and face—I have found half a drachm to a drachm to the ounce wonderfully efficacious; and if any one be dubious regarding the therapeutic value of salicylic acid, let me advise him to prescribe it for a case of the kind mentioned, and I feel persuaded that the result he will obtain will at once convince him of the efficacy of the agent he has employed. On this point I cannot speak too emphatically, for I have now used it in a large number of cases, and the results were uniformly good, far surpassing any mode of treatment I have yet seen in the practice of others, or in my own, so much so that I have come to regard salicylic acid as a specific in cases of œzena narium and such like affections, and I hope at a future period to give in detail a series of cases treated by salicylic ointment.

Oleaginous preparations of salicylic acid are the least elegant of all the forms in which it can be prescribed, as it is hardly at all soluble in oil; still they may be used with good effect in burns, healing action quickly taking place under this mode of treatment, putrefaction, if it be present, being arrested, and fetor at once disappearing.

Carbolic Acid in Carbuncles.

Dr. Peter Eade writes to the *British Medical Journal*:—

I believe it to be general experience that the pimple in which a boil begins its life and career may be destroyed by any common caustic, if thoroughly applied. I venture to assert also that a carbuncle, even when very considerably advanced and of very considerable size, may in like manner be destroyed by the free application of carbolic acid to its centre and other parts.

The essentials for its proper action, so far as my experience has gone, appear to be these:—

1. The acid must be applied in *strong* solution (four or five parts of acid to one of glycerine is the strength I employ).

2. It must be brought into contact with the diseased tissue, for it appears to exert no influence on or through the unbroken skin. To this end, if sufficient opening do not exist when the case is first seen, a proper one must be fearlessly made in the very centre of the disease by some appropriate caustic, and, perhaps, the acid nitrate of mercury effects this better and with less discomfort than any other.

3. The acid solution must be occasionally reapplied to, and into, the hole thus formed, or those already existing, and I have found it a good plan to keep a piece of lint wet with a weaker solution constantly over the sore.

Take the following example, which has occurred to me within the last two or three weeks:—

A lady, aged 40, showed me a boil on the left buttock, of six days' duration. It was circular, with a diameter of four inches; was red and angry-looking; tender, hard at its base, and rapidly increasing. To the prominent point in its centre I freely applied acid nitrate of mercury over a space about one-third of an inch in diameter. Next morning, I removed the scab which had formed, and freely passed the strong carbolic solution into the little opening formed

in the mass, as well as I could, with a quill pen charged with the liquid (and I may say that I find this a very convenient instrument for the purpose). At this time the swelling had increased considerably in size, was more tender and inflamed and painful, and was threatening to be a very formidable case of the disease. Now mark the effect of the treatment The acid was freely applied twice more, during the day, and the very next morning, on my visit, it presented the appearance of having suddenly collapsed. It had shrunk greatly in size, was flabby, and far less painful, and its vitality was plainly destroyed. In four or five days nothing remained but a little hardness about its base, and it rapidly got quite well. No core was ever discharged, and no pus appeared after the first application of the carbolic acid.

Opium in Intestinal Obstruction.

Dr. H. J. Hardwicke gives the following case, in the *British Medical Journal*:—

R. T., a married, healthy-looking and stoutly built man, about forty years of age, called at my surgery on the morning of October 18th, and complained of a severe pain in the abdomen, which commenced early in the morning of that day. For four days previously he had been taking purgative medicines from a druggist, but could not get his bowels to respond to them. He requested me to give him some medicine to open his bowels, or he should die from the pain. I sent him home, with strict orders to go to bed and foment his bowels with hot water flannels, and to have an injection of one pint of warm gruel at once; and gave him six pills, of one grain of calomel and half a grain of opium in each, to take every second hour until he was relieved from pain. I was at the time due at a labor case, and promised to see him as soon afterward as I could. The same evening I called to see him and found that he had not had a motion, and that the pain was worse. His face was pale; his countenance anxious; pulse 80; tongue coated; he had sickness, but no vomiting. The abdomen was distended with tympanites, and there was pain referred to the right iliac region more particularly. I ordered a continuance of the fomentations and a repetition of the enema, which latter was returned with no fecal admixture whatever. One grain of opium pill was now given to him every two hours. I saw him again early the next day (October 19th), and found him much worse; tongue dry and brown; pulse nearly imperceptible. The pain was greatly increased, and more generally over the abdomen; he had sickness and vomiting. I gave him brandy and water, and ordered him to continue taking the pills every second hour. I saw him again in the evening with a neighboring practitioner, who recommended an increase in the quantity of the opium. I accordingly gave him one grain every hour, and brandy and water regularly. The vomited matter was now decidedly of a stercoraceous character, and the pain excessive; and the patient seemed inclined to sink. On calling to see him next morning (October 20th), I found he had been vomiting fecal matter incessantly during the night, and had been exceedingly full of pain. Whilst I was there, however, after a severe attack, the vomiting ceased; and just then the patient informed me that he thought the fomentations had moved the obstruction, as he felt greatly relieved. I at once, acting upon his suggestion, ordered an enema to be administered, which, to my great satisfaction and the patient's instant relief, was returned, in company with three or four hard pieces of fæces, like black marbles. Shortly afterward he passed a large, black-colored, offensive stool, and from that time continued to improve. The pain gradually subsided, and the patient in two or three days was able to sit up and take food.

The Value of Induced Labors.

The importance of inducing labor in certain cases was set forth before the Dublin Obstetrical Society recently, by Dr. J. A. Byrne. He detailed the history of a very interesting case, a sequel to one which he had brought before the Society at a previous meeting. He gave a brief *résumé* of the former case, which had occurred in his practice. The woman was pregnant with her second child; her first child, a male, was delivered by cephalotripsy, the forceps having been tried by him and Dr. Kidd, who assisted him, without success. On examination by himself and Dr. Kidd, it was ascertained that the conjugate diameter was somewhat less than three inches. He recommended her to have premature labor brought on, if she again became pregnant, at the end of the seventh month of gestation. He accordingly at the expiration of that time induced premature labor by the use of Dr. Barnes' hydrostatic dilators, and when the os uteri was fully dilated, he performed version by the bipolar combined method as recommended by Dr. Braxton Hicks. The child, a female, was born alive, and lived six hours. Dr. Byrne recommended in the strongest manner the adoption, in suitable cases, of Dr. Braxton Hicks' plan to the members of the Society, and he illustrated by drawings the different stages of the operation. This patient again became pregnant, and on the 204th day labor came on spontaneously, and a male child was born, which presented by the feet; the child lived six weeks, and eventually died from bronchitis. Dr. Byrne dwelt upon the singularity of the phenomenon of the uterus taking on expulsive spontaneous action at the same period exactly in a labor subsequent to that in which he had induced it by operative means; he concluded his paper by recommending that labor should be induced and version be performed, thereby giving a chance of life to the child, rather than resort to the dreadful alternative of craniotomy, after the unsuccessful application of the forceps, in those cases where the conjugate diameter was somewhat less than three inches.

Management of Diphtheria.

The treatment of this disease is discussed in the *Lancet*, by Dr. Ciattaglia. The following case illustrates his therapeutics:—

A. N., a little girl, aged seven, of delicate constitution, complained, on the 2d of February last, of slight sore-throat. On looking at the fauces I found two diphtheritic membranes on both tonsils, of the size of two sixpenny pieces. There was no fever, no constitutional disturbance, not even engorgement of the cervical glands. I confined my prescriptions to simple gargels of phenicated water. Next day the membranes were more diffused, the fauces intensely red and swollen, and the engorgement of the glands increased. Temperature 39° C.; pulse 110; urine normal. I ordered at once fifteen grammes of the chlorate of potash, dissolved in 140 of water, to be given, one tablespoonful every two hours; and I smeared, thrice a day, the membranes with the choral and glycerine. On February 4th, the temperature was 40° C.; pulse 125. The membranes had ceased to spread. The urine presented traces of albumen. I continued the same treatment In the afternoon I found the fever slightly abated; the fauces perceptibly less swollen and less red; the engorgement of the glands had also diminished, and the child was rather relieved. On the 5th, the fever had gone; the membranes had almost entirely disappeared from the affected surfaces. I reduced the exhibition of the solution of chlorate of potash to one tablespoonful every three hours, and the application of the choral and glycerine to only twice a day. On the 6th, the improvement had continued. Engorgement of the glands scarcely visible, the urine normal, and the child more calm. On the 8th, the membrane on the right tonsil remained, but was less in extent. On the 10th the cure was complete. All next day I continued the chlorate of potash (one tablespoonful every four hours), and I ceased to apply the chloral and glycerine.

The Treatment of Hypospadias.

Prof. Wood, of London, recently showed, at the Medico-Chirurgical Society and King's College Hospital, three cases of hypospadias of a severe character, which had been operated on by his new method of transplantation of the prepuce. In two of the cases the urethra opened at the base of the penis, in front of the scrotum, and in the other about two-thirds of the way down.

In all the prepuce was tolerably large, crowning the glans penis like a hood, split below, and without frenum. The method consists of turning up two side flaps, one on each side of the groove which represents the urethra, so as to denude the entire lower surface of the penis, and to remove the contracted cicatricial fibrous tissue which acts so unfavorably in producing a downward curve of the organ during erection. These flaps are turned with the skin surface over the urethral groove and the edges stitched together by a continuous suture of fine wire, the ends of which are left untwisted and protruding.

A transverse button-hole aperture is then made through the prepuce on the dorsum of the penis at the attachment to the corona glandis. The glans is then passed through the opening thus made.

The two layers of the prepuce are separated by dissection, so as to permit of the raw surface being laid upon that of the reflected flaps which cover the urethra. The prepuce is finally kept in position by numerous points of thin wire suture.

The patients thus operated on were unable previously to pass the water in a jet, and suffered much inconvenience from the dribbling of the urine over the scrotum, down the legs, and over the clothing. They can now pass the water in a full stream from the end of the newly-formed urethra, the lower part of which is formed by a spout-like projection of the transplanted prepuce.

The Use and Abuse of the Speculum.

Dr. Halton, of Dublin, says in a recent article:—

The advocates of the speculum, on the one hand, confident in the demonstrated and demonstrable truth of their practice, were not, perhaps, as careful as they might have been to assign to that instrument its proper limits; while, on the other hand, their opponents would not admit that any advantage of any sort whatever could be gained by calling in the aid of the sense of sight to the diagnosis of a diseased state. Undoubtedly, many of them in this respect not only violated the well-established canon that no possible means should be left untried to discover the exact condition of an affected part before treating it, but also were neglectful or disobedient to the ordinary dictates of reason and common sense. It may be taken for granted now, however, that, as in most disputes concerning matters of fact and daily observation, both inside and outside medicine, the truth lay between those extreme views, and that while there was not the smallest doubt that the introduction, or rather the revival and frequent use, of the speculum was a decided and remarkable advance in the treatment of uterine affections, yet, that the constitutional side of this treatment was often overlooked or neglected by the advocates of the instrument, while it still remained by no means trifling or unimportant.

Hypodermic Injections in Glandular Enlargement.

The *Practitioner* says that, in a recent paper, Dr. Jacubowitz, of Nagy-Karoly, starts from the principle that no inflammation to which a degenerative action is attributable is occasioned by the injections, but that by this means a solvent of a non-irritating character is brought

into direct contact with the glandular tissue. He avoids tincture of iodine, all alcoholic fluids and carbolic acid, and uses instead a weak solution of iodide of potassium in the proportion of about one part to thirty of water. He gives two cases in which he obtained extraordinarily successful results. In one case he made a puncture into the most prominent part of a gland which was enlarged to the size of a goose's egg, pushing the needle in obliquely to a considerable distance. After injecting about the fourth of the syringeful a resistance was felt; he then withdrew the needle for a short distance, penetrated a septum on one side, and again injected a quarter part. By repeating this process, he threw in about fifteen grains of the iodide in an ounce of water. The tumor almost immediately became harder, smaller and less painful. After four injections, performed in the course of two days, the tumor gradually dwindled to the size of a hazel-nut, and ultimately vanished altogether. The second case was very similar. Here, however, two dark-blue bodies remained, which were so hard that it seemed to be impossible to inject them. Dr. Jacubowitz, however, injected hypodermically the iodide on two occasions, and with perfect success. Ten injections were required altogether. The small quantity of the iodide required to produce the effects observed is very remarkable.

Effect of Alkalies on the Blood.

The *Comptes Rendus* states that M. Pupier, from observations made upon a case under his care, arrives at the conclusion that the employment of alkalies is not so prejudicial to the constitution of the blood as is generally supposed. The patient was forty-seven years of age, and for nineteen years had daily taken from 240 to 280 grains of bicarbonate of soda, and has become plethoric rather than anæmic. The number of blood-corpuscles estimated by Malassez' method amounted to 5,406,000 in one cubic millimètre, the normal number being 4,500,000. A dog to which 1300 grains of bicarbonate of soda was administered in the course of a month, in the form of Vichy water, did not diminish in weight, but the number of its blood-corpuscles rose from 4,239,000 to 5,910,000, and fell again after disuse of the soda, in twenty days, to 4,480,000. The same results were obtained in other experiments.

Pulsation of the Funis felt Externally.

At a meeting of the Petersburg Medical Society (reported in the Petersburg *Méd. Wochenschrift*), Dr. Bidder related a case in which the pulsation of the funis could be felt through the abdominal parietes. He was called to a woman at the full time of her pregnancy—the liquor amnii having been dribbling away in consequence of a fall three days before. The night before, strong fœtal movements had occurred, giving the patient the sensation of the child having "turned round." On examination the head was found in the second position, and slightly movable at the entrance of the pelvis. The parietes of the abdomen were somewhat lax, but not very thin. A cord stretched obliquely across, which was at first taken for a fold of the skin. On closer examination it was found to be the funis beneath the walls of the abdomen, capable of being easily pushed upward and downward to some distance over the back of the fœtus. On placing the finger over it, the pulsations (152) could be plainly perceived, their coincidence with those of the heart being sometimes easily perceptible. As nothing seemed urgent, the case was left to take its course, care being taken to avoid pressure over the abdomen; and the pains coming on several hours after, a child of medium size was quickly born, in a state of deep asphyxia. From this it was restored, but died fourteen hours later. The funis was very short—at most not exceeding thirty centimetres in length. Dr. Bidder believes that the cord assumed this place during the violent movements executed by the child after the discharge of the liquor amnii, and which were favored by the relaxed condition of the uterine walls.

Reviews and Book Notices.

BOOK NOTICES.

Theory of Medical Science. The Doctrine of Inherent Power in Medicine a Fallacy. The Ultimate Special Properties of Vitality and the Laws of Vital Force constitute the Fundamental Basis of Medical Philosophy and Science. By William R. Dunham, M. D. Boston, James Campbell, Publisher, 1876. 1 vol., 12mo, cloth. pp. 150.

By thoughtfully giving a synopsis of his work in its title, the author saves the reviewer the trouble of making one. He does more than this, for he tells us that he has avoided the use of technical terms "above the comprehension of the average mind." In spite of this praiseworthy effort, we fear the average, or, indeed, any other mind, will have its comprehension tasked to catch the airy nothing he sets up as the theory of medical science.

Whatever the science of medicine is, he is sure that it must rest on "a correct theory of vitality;" and as, up to date, no one else has formulated it, he tells us what it is, in these momentous words:—"Vitality is the sum of the energies of a living body." The physiological reader may think that just seventy-six years ago, in a work called "Recherches sur la Vie et la Mort," a certain Bichat said something

like this; but Dr. Dunham, like the worthy Franciscan preacher, would doubtless say, "Anathema on those who say my good things before I do." To go on: our author continues, "The peculiar, distinct, ultimate vital properties, which include all there is of vital force, are made apparent through the three properties of contractility, sensation and sensibility." Ignorant and indistinct writers, such as Professors Huxley and Dunglison, he tells us, have made suicidal confusion by confounding the two last mentioned. Not so Dr. Dunham. Sensation is what recognizes contact; sensibility perceives at all distances, and "generates that influence which directs voluntary motion." If the average mind does not comprehend this, let it to school and learn. The weak theory of Spencer and the ordinary physiologists, that perception at distance is a direct derivative of the sense of touch, is passed by with deserved silence. We were a little bothered, further, to be told that sensibility is a "property manifested through the brain;" for thus our theory of vitality is shorn of all application to the numerous acephalous animals, and all plants. But as these are rarely patients, and never respect the fee bill, this omission is of no moment in a sensible doctor's philosophy.

The reader would doubtless desire us to give the author's views on the Darwinian theory, on the immortality of the soul, on temperance, on the true religion, and on the superior development of the Christian to the heathen brain, which must be an original discovery, as we had not before heard of it; but for all which, and many similar topics, he had better, if he chooses to, buy the book himself. Suffice it to say, that the new theory which the author aims to establish is stated by him in the following words:—"The relations of materia medica and poisons to the human organism is not one of *power*, but one of *cause*." Who hath ears to hear, etc.

The Centennial Declaration of Human Rights as exemplified in the Natural Law of Marriage, Legitimacy, and Life in General. By Geo. J. Ziegler, M. D. Philadelphia, 1876. 8vo, pp. 263. Published by the author.

Our worthy confrére, the author of this Declaration of Rights, contemplates, he tells us (p. 263), nothing less than a World's Convention, "to reorganize society on a natural basis, and co ordinate human with natural law." The keystone of the new structure is to be a universal law that sexual union is marriage, in fact and in law, and therefore that all religious and civil rites are needless hindrances and should be abolished. This once recognized, the author conceives that the great questions of licensing prostitution, of preventing venereal disease, of breach of promise of marriage, of seduction and adultery, will forthwith and forever be settled, as he explains at all-sufficient length.

Dr. Ziegler quotes Sanger as his principal authority, and unfortunately gives special prominence to points wherein no one now willingly concedes that writer much weight, as his statement that the average life of the New York prostitute is four years, that she hardly ever reforms, and that she has generally been driven to her avocation by poverty. The utter groundlessness of this latter oft-urged point was fully shown during the war, when every girl could find profitable employment, but when prostitutes were more numerous than they were before, or are now in these hard times. Vanity, love of dress and display, are the fertile causes of debasement in this country, not want of employment.

He repeats, as usual with such writers, without show of evidence, that the police supervision of prostitution "promotes sensuality, licentiousness and degradation." This baseless statement has been so often refuted in this journal that we only point it out to illustrate again how confident ignorance obscures this subject. With equal strength of assertion and debility of proof, he insists that married people cannot limit the number of their children without injury. And why? "Because no law of nature can be defied with impunity." What twaddle is this! Facts show just the opposite. Both parents and children are healthier, more carefully nurtured, and generally better off, when the family is restrained within narrow limits, by proper means, than when rapid child-bearing breaks down the mother, wears out the father in toil, and brings into the world a weakened progeny to be but half cared for and educated.

Much else may be found in the book, such as the author's views on the financial question, on the effects of tobacco, on the origin of infectious diseases, etc., for all of which we refer the inquisitive reader to its pages.

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VACCINATION, ITS DANGERS AND THEIR PREVENTION.

A very noteworthy contribution to the literature of vaccination appears in the *Allgemeine Medicinische Central Zeitung*, No. 30, 1876, in the shape of a review of an article by Dr. Ebertz on the question, Can vaccination produce diseases?

The facts are, that in June last a physician in a German village vaccinated twenty-three children. Within two weeks six of them were seized with œdematous swellings, erysipelatous inflammation, and icterus. One died; the remainder, after a tedious convalescence, recovered.

The medical authorities made a most careful *post-mortem* in the fatal case. Their conclusion was that the death was due to septic infection conveyed in the virus employed to vaccinate the child.

As a mild form of diphtheria had prevailed not long before, and as a few light cases of erysipelas were in the village, some impurity of the air was supposed present, and the recommendation is made that for a considerable time after the disappearance of these affections (and of course during their presence) children should not be vaccinated.

But the most striking suggestion which is made is that the *public sale of vaccine virus shall be prohibited by law.* The reason for this is, that virus obtained in this manner may carry serious and even fatal infectious disease; not syphilis only, as has been heretofore supposed, but contagium (*Pilzorganismen*) of various blood diseases.

It would not take many such examples to confirm the prejudice which already exists too generally in the popular mind against vaccinating at all; and this would bring disastrous results to public health. This should therefore be most sedulously guarded against. But the plan proposed would not work in this country, and its expediency anywhere is questionable.

The real alternative is to use *bovine* virus only, that which has never passed through the human subject, and which is derived from healthy heifers, on whom the genuine vaccine disease has been produced. No instance is on record of this virus producing similar or any injury to the human subject. Its protecting power is fully as efficient; many careful observers believe decidedly more so.

There are but two objections to it which have any weight. One of these is, that the symptoms following its use are more severe than those from humanized virus. This is generally true, but so far from an objection it is the reverse. This profounder impression on the economy is in direct proportion to its efficiency as a safeguard; it proves the native powers of the virus are greater than when transmitted through a number of arms. Moreover, the severity of the symptoms has often been exaggerated, as we can testify from abundant experience.

The second objection is, that bovine virus fails more frequently; that it loses its power soon, and is not so reliable.

This depends a good deal on its mode of application. The lymph dried on the outer surface of quills or ivory points is the most desirable form in which to use it. But we are ashamed to say the ignorance of the profession on the method of using these is so great that it is the general cause of the failures. As the pure lymph is very nearly transparent, it is not very conspicuous when dried, and the tyro sometimes overlooks it altogether. He may look for it inside the quill or at its wrong end!

The quill or point should be immersed in water about a minute, then rubbed briskly on the surface of the arm, which should have been previously scarified in the usual manner. Numerous superficial cross incisions we prefer. When the spot is thoroughly dry, the sleeve can be replaced. If this is properly done, failures are very rare.

To suppose that the bovine virus will not keep, is a great mistake. We know many instances of quills charged last August which produced typical vesicles in December. A letter before us, from Dr. WALTER LINDLEY, of Los Angeles, California, is so much in point on this subject that we give an extract from it:—

LOS ANGELES, May 23d, 1876.

ED. MED. AND SURG. REPORTER:—

Last November I received, through your office, several quills of bovine virus, from the Pennsylvania vaccine farm. They gave perfect satisfaction. At the time, there was one more than I had any use for, so I put it in an air-tight bottle in a tolerably cool place; but not needing it until I supposed it was worthless, I supplied myself from other sources. On the 13th instant, a Spanish babe was brought to me for vaccination, but found me entirely out of virus. I happened to think of the old quill I had received from you six months before, and thought, as there was no small-pox in the country, I would use it as a placebo, and have the child brought back in a week, by which time I would supply myself with fresh matter. I introduced it in both arms. Yesterday—seven days after the operation—the babe was brought to me with an elegant typical pock on each arm.

When cases of the transmission of infectious diseases by vaccination with humanized virus are annually reported in increasing numbers, it is no longer justifiable for physicians to use it, except when they cannot get that from the cow. The general public will soon learn to blame them most severely, and with justice, for this negligence. And when severe illness or death results from such negligence, the physician who is guilty of it will merit little sympathy from his professional brethren, and find not much mercy from the jury when they come to cast him in damages for this carelessness about the welfare of his patrons.

In conclusion, we recommend all who use the bovine virus to shun the *lymph tubes*, and the *crusts*, and to employ only the *quills* and *ivory points*. These are far surer, neater and more permanent than any other forms. These are supplanting all other forms of bovine virus. We see it stated that in Brussels vaccination from the calf is largely practiced by the Belgium State Institute, managed by Dr. WARLOMONT. So successful is this method of vaccination found to be in Belgium that Dr. WARLOMONT, in a pamphlet, informs us that, although the State Vaccinal Institute has been at work only some five years, out of 2000 medical practitioners in Belgium, about 1000 make use of animal vaccine points and quills sent by him.

In this country the number is increasing, and the only drawback has been a lack of knowledge how to choose and how to use the lymph. If physicians will use the quills or points as above directed, they will be fully satisfied with the results.

NOTES AND COMMENTS.

The Brussels Sanitary Exposition.

About two months ago, June 26th, an interesting event occurred in Brussels, in the opening of an International Sanitary Exhibition. This Exposition Internationale d'Hygiène et de Sauvetage is a show of no ordinary kind. It differs from previous exhibitions of an inter-

national character in this—that *Art* is excluded; and those who have no appetite for scientific facts, and no aptitude for considering the dry details of existence, had better stop away. To a thoughtful person, however, the Exhibition is one of extraordinary interest, for members of every grade of society will there find objects which touch them closely. Who is safe against shipwreck or fire, and who can fail to be interested in the means of averting or escaping from these terrible calamities?

The variety of the objects shown is very remarkable, and one is astonished at the way in which the commonest things are considered as ministering to man's health and comfort, and as tending to prolong his life. The objects exhibited are arranged in ten classes, thus:—

1. Means of prevention, help and salvage in case of fire.
2. Means of lessening the dangers on water.
3. Means of preventing railway accidents.
4. Help to the wounded in times of war.
5. Public health.
6. Industrial hygiene and means of lessening the unwholesomeness of trades.
7. Domestic and private hygiene.
8. Medicine, surgery and pharmacy in relation to the preceding classes.
9. Institutions having for their object the amelioration of the condition of the working classes.
10. Hygiene and "sauvetage" in relation to agriculture.

It is a matter of regret that the United States has no exhibits and display. It would seem that the demands of our Centennial had absorbed the energies of our manufacturers.

Surgical Resources.

Practitioners in rural regions often have their self-reliance and inventive genius severely taxed. One such writes us that he successfully operated for cataract with a Beers knife and Gross' pocket case. An aspirator needle attached to a piston syringe by a piece of gum tubing served as an aspirator. It relieved a young man suffering from ascites of two gallons of water, sent him to the Centennial, thence to his Michigan home. The needle cost one dollar. A Davidson syringe furnished the tubing. The latter was divided and connected with a short glass rod. This made visible the passing fluid.

A Multiple Antidote.

Dr. Jeannel, of Paris, has endeavored to answer the question:—Is it possible to prepare an agent which shall be officinal, that is susceptible of indefinite preservation, capable of neutralizing, chemically, all poisons in the stomach or in the intestine, or, at least, of transforming them into compounds relatively inoffensive, and then determining their prompt evacuation? He discusses the applicability of the agents suggested by Dorvaul, for this purpose, pointing out what appears to him to be the excellences and defects of each, and finally proposes the following:—

	Grammes.
Solution of ferric sulphate, s. g. 1.45,	100
Water,	800
Calcined magnesia,	80
Washed animal charcoal,	40

Let the solution of ferric sulphate be kept in a bottle by itself, and the magnesia and charcoal mixed with the water in another bottle. When required, pour the ferric solution into the other bottle, and shake violently. The mixture should be given repeatedly in doses of fifty to one hundred grammes

According to Jeannel's experiment, this antidote, employed in suitable proportions, renders completely insoluble the preparations of arsenic, zinc, and digitaline, but not the oxide of copper. It leaves in solution notable quantities of mercuric oxide and appreciable quantities of morphia and strychnia, and does not decompose or precipitate either the cyanide of mercury or tartar emetic. It completely saturates free iodine, but acts only partially on solution of the alkaline hypochlorites.

Nutritive Power of Fibrine.

M. Eyssanter communicated in March, 1876, to the Medical Society of Lyons his researches on the nutritive powers of fibrine. These powers are much increased by the addition of iodine. The author considers that iodine can thus be introduced into the organism without any danger by means of the dried fibrine. The latter may also be combined with chalybeate salts, the citrates and tartrates, the pyrophosphites, the ammonio-citrates, and especially the iodide of iron. All these combinations are easily absorbed, and present, in a small bulk, the greatest possible proportion of nutritive elements.

Therapeutic Notes.

QUININE INJECTIONS IN SUNSTROKE.

The experience of last year in India, and of this summer in this country, speaks strongly for the value of hypodermic injection of quinine in sunstroke. Five to ten grains may be thrown under the skin, of course using the cold douche, etc.

FOR BURNS.

℞. Glycerine, ℥v
White of egg, ℥iv
Tincture of arnica, ℥iij.

Mix the glycerine and white of egg intimately in a mortar, and then add gradually the arnica. Apply freely on linen cloths night and morning, having previously washed the burn with castile suds.

CHLORAL PLASTER.

For neuralgia, rheumatic pains, etc., use the ordinary emplastrum roborans, and powder it with the chloral. Apply the plaster to the affected part and leave it from twenty-four to forty-eight hours. When taken off, the skin is found studded with vesicles; these are to be pricked with a pin, followed by a dressing with simple ointment. The pain vanishes long before the vesicles are dried up.

ANTIDOTES FOR MUSHROOM POISONING.

The poisonous principle in toadstools is muscarina. In a recent lecture, Prof. Schiff illustrated the antagonistic action that exists between muscarina and some of the solanaceæ, like belladonna and stramonium, with their alkaloids, atropine and daturine, and proved, from experiments on rabbits, that the fungous poison may be promptly and efficaciously counteracted, by daturine particularly. Italian apothecaries now keep that alkaloid in the rural districts, where the consumption of edible fungi is apt to occur, and there is no saying how soon such frequent mistakes may cease to have a fatal or even dangerous result.

The Health of Dentists.

At the recent meeting of the American Dental Association in this city, Dr. A. H. Brockway read a paper, treating the subject of "The Health of the Dentist as Influenced by the Modern Mode of Practice." He considered the use of amalgam, non-cohesive gold, and the combination of gold and tin, instead of adhesive gold, in many cases where the strength and physical ability of the dentist has been so largely taxed, as important conservators of health and energy. The enlightenment in the dental science by the invention of the mallet, the rubber saw, the burring engine, and other appliances, has also proved a valuable help to health in the performance of numerous arduous operations.

Dr. John Allen, of New York, submitted a report, which asserted that the peculiar nature of a heavy dental practice tends to overtax the system more than other professions. This is not only due to the close confinement to which dentists are subjected, but also to the intricate, long and trying operations which they are continually called upon to perform, and to their neglect of certain established universal and irrevocable laws of nature, distinguished among which is the baneful influence of stimulants and narcotics, to which they often resort for relief. A special recommendation was that operating rooms be arranged with a close regard to ventilation, and also that the office hours be lessened and more time devoted to recreation.

Medical Mutual Aid Society.

Dr. Frederick Horner, of Virginia, writes us that the physicians of that State propose establishing a society, the members of which are to be assessed annually two dollars for a permanent fund, and are to pay in addition the same amount to the family or heir of any deceased member. This is a most praiseworthy plan, much superior to that of life insurance, as now generally conducted. The profession is not an enriching one, and many worthy members leave their families well-nigh destitute. Some provision for them can thus be securely made.

Rabies Successfully Treated by Woorara.

The *Veterinary Journal* for July states that Offenberg, in his recent inaugural dissertation at the Berlin Hospital, gives the case of a girl, twenty-four years of age, who had been bitten eighty days before by a dog supposed to be rabid. Injections of morphine and the inhalation of chloroform having been used without benefit, seven injections of woorara, amounting in all to three grains, were given in the course of five and a half hours. First the muscles became steadier, then the convulsive seizures less frequent, the dread of water and the photophobia disappeared, and the voice improved. Some symptoms of paralysis now appeared, which reached their maximum the following

day. On the second day there was a slight relapse of the symptoms of rabies, which was checked by an injection of a little less than half a grain of the woorara. The patient recovered slowly, a certain degree of weakness and sluggishness only remaining after two months.

The Dispersion of Ovarian Cysts by Electricity.

The *Allg. Med. Central Zeitung*, of June and July, contains an article by Dr. J. W. von Ehrenstein, of Dresden, describing his successful employment of electricity in the treatment of ovarian cysts. The brilliant results he sets forth deserve to attract the attention of all readers who may have these cases to deal with. It would really appear as if the operation of ovariotomy may become of extreme rarity, by the timely employment of the electrical current. We have not yet received the conclusion of Dr. Ehrenstein's article; when it reaches us an abstract of it will be laid before our readers.

The Silphium Cyrenaicum.

This plant, akin to our Prairie Burdock, common in Ohio and Michigan, has, like its American relative, considerable renown as a pectoral. Dr. Laval, of Paris, even claims to have used it with excellent results in the early stages of tuberculosis. Prairie Burdock has been extolled in this country in scrofulous affections, and doubtless has a certain efficacy.

Pulling at the Placenta.

This common habit among accoucheurs was justly condemned at a recent medical meeting, by Dr. Lyon, of Peterculter. He believed that after the child was born a period should be allowed for the uterus to rest; and, unless signs of flooding came on, the uterus should not be grasped as soon as the fœtus was expelled. Nature should be imitated, and a period of rest allowed. The expulsion of the placenta, when allowed to take place naturally, is by the edges coming first, the placenta being doubled and folded on itself; the folds being always in the direction of the length of the passages. When traction is made on the cord, and this is continued till the complete expulsion, the part first expelled is that into which the cord is inserted. This should not be the case. If it were necessary to help the expulsion, the best way is to lay hold of the edge of the placenta with the finger, and use a little gentle pressure, so as to assist in the natural folding. The only defence for pulling at the cord is its tending to ensure contraction of the uterus, but there are better means for doing this.

Ulceration of the Frenum Linguæ in Whooping Cough.

At a meeting of the Harveian Society in London, Dr. Morton called attention to the frequency of this symptom. This coincidence of ulceration in this particular position with pertussis is not new, though English authors have not referred to it, except casually, in association with stomatitis. This ulceration has been described in both French and German literature, more especially by Bouchut in his works on diseases of children and new-born infants; though what relationship it has to pertussis, or why it exists at all in that position, is not decided. It is probably owing to irritating secretions.

Treatment of Prolapsus Recti.

In a letter written shortly before his death, Professor Stromeyer said:—"Among the presents which I received, there was one, however, which, a trifle in itself, was highly valuable to me, because I could regard it as a proof that my physiological way of explaining cases is still successful in practice. It was a small piece of carpet-work, made by a young lady whom I had lately cured of a large prolapsus recti by warm baths and a little magnesia. I consider this dreadful complaint as a consequence, not of paralysis, but of irritation—spasmodic reflex action. The case would have been operated upon, probably, by actual cautery, if my interference had not taken place."

Capillary Congestion of the Face.

The disfiguring redness of the face, brought about by enlargement of the capillary veins, can, according to Mr. Balmanus Squire, be remedied by division of the veins at right angles to their course. The instrument he uses is a cataract needle, the head being about four times the customary size; with this he makes parallel incisions over the affected space. By using Richardson's ether spray, the operation is rendered painless, and but little blood flows. The incisions heal perfectly in a week or fortnight, and after a month the skin regains its normal degree of pallor, and no trace of the operation remains.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XI.

THE ANATOMIST IN THE ART GALLERY.

CENTENNIAL EXHIBITION, Aug. 21st, 1876.

ED. MED. AND SURG. REPORTER:—

The naturalist Pliny tells the familiar story of Apelles, the greatest of Grecian painters, that he used to expose his pictures to public criticism, and profit by even the humblest. One day a cobbler pointed out a defect in the drawing of a shoe. The next day, passing that way again, he observed that the painter had corrected the error he had spoken of. Convinced by this that he was an art critic, he proceeded to find fault with the leg. But Apelles interrupted him with the famous advice, *Ne supra crepidam sutor:* Let the shoemaker stick to his last.

As anatomists, however, physicians may claim the privilege of proceeding to the leg and beyond. They have a just title to be heard in reference to the proportion and hues of the human form. And presuming on this, I shall invite your readers into the rooms of the Art buildings devoted to artists of the United States, to discuss the anatomy of the figures there portrayed.

And first they will be struck with the fact that they will find little in their line to exercise their knowledge upon. That of shoemakers, merchant tailors, and modistes would be more in demand. American artists seem to have expended their energy chiefly on painting broadcloth, and laces, and other dry goods; their people are lay figures to show these off. Of the mighty and the tender scenes in nature which glorify our land, there is not much shown; and of the "noble, and nude, and antique," hardly a half score paintings amid these many hundreds.

The consequences of neglect of the life model are painfully apparent to the anatomist. Evidently these artists have learned to draw from flat surfaces, from nerveless mannikins and plaster casts, and the result is that the inexpressible sheen of life which gleams from the canvas of Titian and Rubens escapes their pencils. The painter needs practical dissection as much as the surgeon; and he further needs constant observation of the life model to catch the reflex of light from quivering flesh, the infinitely varied outlines of muscle in motion, and the harmonious action of living limbs.

I do not find this in the principal American artists. Take Rogers' groups, which have much wide popularity. A full collection of them is on display in the Art Annex. Not one among them shows *form*. Clothes and physiognomy have occupied the artist. The lower limbs are stiffly disposed, and the figures in many instances disproportionately tall.

In an adjacent room is the "Almeh" of H. H. Moore, a dancing girl, nude to the waist. The artist has endeavored to portray active muscular exertion combined with the languishing debility of desire. The flesh is grayish, the muscles indistinct. She has no blood, no vigor, no fire.

A large and striking picture is J. A. Oertel's "Shadow of a Great Rock in a Weary Land." A fainting traveler has just succeeded in reaching the shadow of the rock, where flowers blossom and cool water trickles down. Beyond is the hot desert and the dark simoom cloud, the sharp dry rocks and the corpse of him who has fainted on the way. The central figure is half draped, and a fine and accurate study. The serratus magnus shows with clear but not overnice precision; the veins are enlarged and dark, as in extreme thirst; the eyes inflamed with the sand. The face, however, mars the effect. It is utterly epicene, and the observer wonders what sex the artist intended it for, and has to look at the mammæ before he decides.

Conspicuously bad are the muscular studies in Mr. H. P. Gray's "Wages of War." A bare-armed warrior holds aloft a blade, prominently showing a biceps just as large at its origin and insertion as in the belly of the muscle. Another painting by this artist, though an earlier one, we believe, the "Apple of Discord," shows the goddess of love with soft and accurate outlines. It is, if I mistake not, a copy.

Another Aphrodite, one of the very few nude studies, is by Mr. H. A. Loop, of New York. Except the left leg and thigh, especially the left gastrocnemius, which is heavy and œdematous, this figure is pleasing and correct.

The gastrocnemius, indeed, is a muscle about which painters seem to have curious anatomical notions; witness the extraordinary one on the painting of an Italian boy, "Miguel," by Mr. J. L. Stewart, of this city, No. 265.

Rothermel's pictures, of which there are quite a collection, indicate more attention to face and grouping than to anatomical accuracy. The muscles he paints are neither defined in outline, flesh-colored, nor symmetrical. The painting in which these faults are most conspicuous is his "Christian Martyrs in the Colosseum."

In fact, as I said above, the works of nearly all the American artists show a deficient study of the life model; and if they ever expect to excel in the portraiture of the real, they must pass a much longer novitiate at the dissecting table, and give more attention to the living body and less to lay figures than they evidently do at present.

Before leaving the galleries, your readers should look at a few pictures of professional interest. The two to which I would especially direct their attention is "The Anatomist," by Max, and the "Lesson in Anatomy," by Feyen, of Paris. The former is in the United States collection, though the artist is a German.

The anatomist is seated before a table laden with crania, books and instruments; in front of him is his subject, stretched on a trestle, covered with a sheet. He has just drawn this from the face, which he is thoughtfully contemplating. It is that of a woman, young and fair. A wealth of golden hair lies in disorder around the pallid features; the slight covering reveals the rounded outlines of

"The treasure
"Of limbs too delicious for death."

It is a masterly delineation, full of noble thought.

In the French department, M. Feyen's picture represents Velpeau, surrounded by his assistants and students, about to commence a demonstration on a male subject in the pathological rooms of La Charité. The faces are portraits and are well painted, though to my mind the artist has failed to catch the peculiarly vivid and energetic light which marked Velpeau's countenance in lecturing, an expression which I distinctly recall, though many years have passed since those murky Paris mornings when I made my way from the Place de l'Odeon to La Charité. Yours, A.

On Puerperal Eclampsia.

ED. MED. AND SURG. REPORTER:—

Of late there seems to have been a marked increase of cases of puerperal eclampsia in my field of practice and observation. Judging, also, from the articles upon the subject of late in your valuable and welcome REPORTER, there seems to have been an increase of interest in regard to the disease in the minds of the profession. With all due respect for those gentlemen who have lately written and spoken upon the subject, I would honestly ask if any patient ever recovers who is stricken with what we term puerperal eclampsia? I mean puerperal eclampsia, pure and simple, with no hysteria about it, and like the case reported by W. T. Chandler, M. D., of Campbellsville, Kentucky, in your number of June 3d.

I practiced six years and a half in this county before I met with the first case of puerperal eclampsia, or learned of one in the practice of my neighbors. In this period I did a fair amount of obstetric business, such as most "country doctors" do. During the last eighteen months I have taken notes of six cases of puerperal eclampsia, and *all fatal*. Two of these cases I saw in consultation with medical gentlemen of good standing and ability; one I saw alone, a midwife, however, attending at the birth; and three were reported to me by others. Two of these cases were attended by medical gentlemen of ability; one had no regular medical attendant. Four were primipara; two multipara. In two the convulsions were antepartum; four post-partum. All died within thirty hours after the first fit. In one the first seizure did not occur until twenty-four hours after delivery. In both the ante-partum cases delivery was effected by the forceps.

Now, these cases are instructive and true ones. They were correctly diagnosed. We (I speak for the regular profession of my county) know puerperal eclampsia when we meet it. They were treated systematically, persistently, and by the most usual, and even unusual methods. Bleeding was employed, but not to the extent which Dr. Scott, of Parkersburg, pushed it, as related in your July 1st number. Hypodermics, bromide, chloral, chloroform, etc., to the end of the list, were used. Not all in the same case, of course; but whatever was done in either case failed completely and disastrously. And yet gentlemen talk so flippantly of these things. In the obstetric section of the American Medical Association, gentlemen are reported as saying that "as a rule all cases get well!" One says, "with very little treatment." Most astounding fact.(?) Two of these cases that I have reported had absolutely no treatment, and the tragic scene was closed in a few short hours with them.

Mr. Editor, I was forcibly impressed by the remark of one of the members of our county society at its last meeting, when he said that he "believed that some of the wonderful results reported in our journals only occurred in the imagination of the reporters." I boldly aver my skepticism as to these remarkable results attained by "never-lost-a-case" reporters (if they ever had a case to lose), and confidently predict that they will lose the very first case of *real* puerperal eclampsia that they may be called upon to treat.

Let gentlemen report their *fatal cases* as well as their successes. R. L. MOORE, M. D.

Spring Valley, Minn.

Two Almost Centenarians.

ED. MED. AND SURG. REPORTER:—

Died, on the 28th of June, a few miles north of Huntington, Indiana, Mr. George Royer, aged 99 years, 10 months and 8 days. Mr. Royer was born in York county, Pennsylvania, on the 20th of August 1776, amidst the din of the war for independence, only a few days too late to be a subject of Great Britain. He removed at an early day to Montgomery county, Ohio, and from thence, about thirty years ago, to Huntington county, Indiana, where he remained until his death.

A schoolmate of Mr. Royer's, Mr. Jacob Kitt, was in my office on Monday, the 10th inst, who was also born in York county, Pennsylvania. Mr. Jacob Kitt was born in 1780, and was married in 1800; removed to Ohio in 1804, where he remained forty years, cultivating the same farm, raising a family of fifteen children by one wife. In 1844 he removed to Huntington county, Indiana, where he yet remains. The old gentleman is still of sound mind and comparatively strong in body. On the morning he was in my office he had ridden six miles

over a rough road, for the purpose of receiving some medical advice for himself. He said he had not taken any medicine for many years, but was somewhat affected with pain in the back and shoulders, for which Dr. Yingling and myself applied six cups along the region of the spine and shoulders, scarifying very freely. He sat upon a chair during the operation, never uttering a moan, and after it was through, and after resting a few minutes, he expressed himself as ready to return home, a distance of six miles. His health is such as to warrant a hope of seeing from twelve to fifteen years more of life. Indiana has the reputation of being a sickly State, but if any one county in any State can produce so aged a pair let them bring on the men.

The above scrap of history was related to me by Mr. Isaac Kitt, a young gentleman of sixty-seven years, and fifth child of the old gentleman. J. E. LYONS, M. D.

Huntington, Indiana, July 12, 1876.

NEWS AND MISCELLANY.

The International Medical Congress.

There is every prospect of a very successful session of this body, on the 4th of September. Many eminent European medical men will be present. One thing only is deficient, and that is the *fund*. Philadelphia physicians should aid freely in this respect. Five dollars a piece from half of the regular profession in Philadelphia would supply the deficit. Let every reader of this article in the city enclose this amount to the Treasurer forthwith.

The "Code" Abroad.

If our code of medical ethics does get some hard knocks at home, it has honor enough done it abroad. In the meeting of the German Medical Association (Deutsche Aerzte-Vereinsbund), at Düsseldorf, June 28th, representing fifty-three hundred medical members, the committee recommended the various local associations to adopt, as the general rule of their relations to the public, the translation of our code, published at Munich about two years ago.

Medico-legal Significance of the Corpus Luteum.

The case of Miss Clara Fisher is exciting some comment in Boston. This lady died while under the influence of ether, administered by Dr. Sinclair. There was suspicion of criminality, and an inquest was held. Speaking of its results Dr. David W. Cheever writes to the *Advertiser*, in the interests of the lady's reputation, and urges that the sole evidence of her unchastity was the discovery of a true *corpus luteum* in one of the ovaries, an evidence which is not by all physicians considered an infallible sign of loss of virginity, and cites that instances are on record in which appearances indistinguishable from a true *corpus luteum* have been found in the ovary, where there was no possibility of conception. There is no doubt but that he is correct in this, and the coroner deserves censure for admitting evidence to the contrary.

Personal.

—Dr. J. M. Toner, of Washington, has offered the profession of Pittsburg to donate them a library of medical and scientific works of the value of $20,000, imposing, however, two conditions: First, he asks that a fire-proof building be erected for the library; and second, that it be called by his name. He agrees to donate further a sum sufficient to secure to the library an annual lecture on medical and scientific subjects.

—Dr. Lemoyne, of Washington, Pa., has actually made a contract for the erection of a furnace for the burning of his own body after death, and also those of any others who may desire this luxury. It is said applications come all the way from Boston for the right to be burned in the apparatus.

—Vincenzo Sartori, for many years the Pope's body-surgeon, is dead. Dr. Sartori had numerous posts of trust. As surgeon-in-chief of the Ospedale della Consolazione he earned honorable reputation as an operator and as a clinical instructor.

—George Truits died near Crawfordville, Ind., on the 7th instant. He was born January 2d, 1763, and hence was in his 114th year. He was an associate of Daniel Boone, and lived in Montgomery county, Ind., since the year 1821.

—Dr. Charles Rich, of Albany, had one leg so badly mangled in a mowing machine, a short time since, that amputation between the ankle and knee was found to be necessary.

—Dr. C. C. Vanderbeck, 1011 Walnut street, Philadelphia, desires physicians to report to him instances of idiosyncrasies in regard to the action of drugs upon the system.

—Drs. D. S. Reynolds and M. F. Coomes have been appointed as the surgical staff to the new Louisville Eye and Ear Infirmary.

Items.

—A corporation has recently been formed in St. Louis to support a hospital for reforming and restoring to health of mind and body such persons who are addicted to drinking, using opium or other narcotics, as may voluntarily come to it or lawfully be committed to it.

—A "Woman's National University" has been established in Washington, "to afford to women a thorough knowledge of science, divinity, medicine and law, both in theory and in practice." Professors of Law, Medicine, Language and Social Culture have been chosen.

—The effects of bad government in South Carolina are vividly presented by Dr. Ensor, Superintendent of the State Insane Asylum, who says: "The time has arrived when the inmates of that institution must receive assistance or starve. The institution is largely in debt, its credit is gone, and parties who have been furnishing beef, bread, milk, etc., have given notice that they can no longer continue to supply these articles unless there is some guarantee given them that they will be paid."

—In San Francisco, a number of Chinese lodging houses were raided upon and their occupants arrested, for violating the California law requiring that every sleeper shall have a specified number of cubic feet of air. There were in all thirty heathens taken into custody, eleven of whom were in a room containing but 2436 cubic feet of air, eight in a room containing 1440 feet, six in a room of 1361 feet, and five in a room containing 1589½ feet.

—Failure to report a case of small-pox in San Francisco, involves on the part of the occupant of the premises a penalty of $500, or six months' imprisonment.

—A little girl died at Barnard, Vermont, recently, from paralysis caused, it is said, by the poison in colored stockings which she had been in the habit of wearing.

—The latest remarkable spring discovered is near Pass à l'Outre, Louisiana, the water of which is said to cure paralysis.

—The annual death-rate of New York is still over 31 to a thousand.

QUERIES AND REPLIES.

Dr. J. N. M. Wishes a treatment for persistent vomiting in pregnancy. All the usual remedies have failed.

Dr. W. H. C., of N. Y.—You should address the Surgeon General, U. S. A., and the Chief of the Bureau of Medicine and Surgery, U. S. N., for the information you ask.

Dr. J. A. L.—The credentials required from delegates to the International Medical Congress are the certificates of the president or secretary of the State Medical Societies, that such delegates have been appointed.

OBITUARY.

DR. W. W. ALEXANDER.

East Tennessee, which so recently lost one of its most respected physicians, Dr. F. K. Bailey, has now been deprived of another conspicuous member of the profession, Dr. W. W. Alexander, of Athens. He graduated at the medical department of the University of New York, in 1854, located two years later at Athens, and soon displayed an active interest in professional studies. During the war he was an acting Assistant Surgeon U. S. A., and subsequently was appointed examining surgeon for pensions. His contributions to medical literature were numerous, in this and other journals, and were marked by close observation. He also wrote much on sanitary and hygienic topics for the public press. The last few years his health gave way, apparently from the results of a spurious vaccination. He foresaw and contemplated with entire calmness his end, and a few weeks before his decease announced its near approach to the writer of this notice, in a letter composed with his usual vigor of style and thought. Dr. Alexander was born at Rogersville, East Tennessee, July 18th, 1830, and died August 1st, 1876. B.

MARRIAGES.

CALLAN—WHITE.—Thursday, 20th of July, at the Cathedral, Louisville, Ky., by Right Rev. Bishop W. G. McClosky, assisted by the Vicar General, Father Dunn, and Father Baxter, Peter A. Callan, M. D., and Angele I., daughter of the late Lewis J. White, Esq., both of New York city.

DAMERON—CARTER.—In Newport, Ky. July 25th, by Rev. T. B. Knowles, Dr. E. P. Dameron and Ida, eldest daughter of Captain J. Lawrence Carter.

CLAPP—ROWLAND.—On the 2d inst., at Fairlawn, by the Rev. T. J. Aiken, assisted by the Rev. John Squier, Dr. L. Wheaton Clapp, of Pawtucket, Rhode Island, to Mollie R., only daughter of J. Harvey Rowland, Esq., of Cecil county, Md.

CLEVELAND—FROST.—In Saint Johnsbury, by Rev. E. T. Fairbanks, Dr. Edward S. Cleveland, of Lawrence, Mich., and Emma E. Frost, of St. Johnsbury.

HALL—HAWS.—July 12, 1876, by Rev. D. W. Gordon, Robert W. Hall, M. D., of Northfield, Desmoine county, Ia., and Miss Anna Mary Haws, of Marple, Delaware county, Pa.

McBRIDE—CHAMBERS.—In Pottstown, on the 20th of July, at the residence of Major Griffith Jones, by Rev. Byron McGann, Dr. J. B. McBride, of Bridgeton, N. J., and Miss Minnie, daughter of Lee Chambers, Esq., of Louisville, Ky.

MATLACK—DOWNING.—In East Brandywine, on August 1st, before Alderman Benjamin French, Dr. William H. Matlack, of Downingtown, and Miss Sallie V. Downing, of Bellefonte, Pa.

DEATHS.

BRIGHAM.—In Montpelier, June 8th, Conrad Atherton, son of Nell and Dr. H. C. Brigham, 10 months; June 9th, Nell, wife of Dr. H. C. Brigham, and daughter of A. A. Atherton, of Waterbury, 28 years.

CLARK.—Entered into rest, at Batavia, New York, on the 22d of July, 1876, Norris G. Clark, M. D., aged 58 years.

FLANDERS.—In Covington, Kentucky, on the 18th instant, of acute inflammation of the brain, Dr. G. Flanders, aged 34 years.

GARRETTSON.—Sunday, July 30th, at 2½ P. M., at his residence, Linwood, Dr. Jesse Garrettson, aged 66 years, 3 months, and 10 days.

HODGE.—Suddenly, July 31st, Charles Hodge, Jr., M. D., of Trenton, New Jersey, son of the Rev. Dr. Charles Hodge, of Princeton.

HOWE.—On Friday, August 11th, John Howe, M. D.

MILLS.—On the 8th of August, 1876, Harriet Peale, daughter of Dr. Charles K. and Clara E. Mills, aged 3 months and 10 days.

ROWAND.—At Camden, New Jersey, Joseph T. Rowand, M. D., in his 70th year.

WILDMAN.—In this city, suddenly, on July 25th, Dr. Elias Wildman, in the 66th year of his age.

WRIGHT.—On Saturday, July 22d, George P. Wright, M. D., eldest son of the late Dr. J. C. Wright, aged 37 years.